



Dawn Wilcox, LCSW

CONSENT FOR EMDR TREATMENT

EMDR is a treatment, developed by Dr. Francine Shapiro, that is effective for resolving emotional difficulties associated with traumatic events or difficult life experiences and is based on the (AIP) adaptive information processing model. The AIP model theorizes that the brain has a tendency to process traumatic or adverse events in a way that keeps them blocked/stuck with the original picture, sounds, thoughts, feelings and body sensations. These bad thoughts and feelings associated with the trauma/adverse event can be activated/triggered and can have a negative impact on our emotional and physical well-being. Through the use of (BLS) bilateral stimulation, EMDR therapy works on helping the brain reprocess these traumatic memories in a more adaptive way and therefore releasing the negative thoughts, body sensations, and feelings that had been causing distress.

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach that has been validated by research, Current research can be accessed at www.emdria.org.

I have also been specifically advised of:

- 1) Distressing, unresolved memories may surface through the use of the EMDR procedure.
- 2) Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensations.
- 3) Subsequent to the treatment session, the processing of incidents/materials may continue, and other dreams, memories, flashbacks, feelings, etc., may surface.

Before commencing EMDR treatment, I have thoroughly considered all of the above, I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to having EMDR treatment, and by my signature below I hereby consent to receiving EMDR treatment as recommended by my therapist. I understand that I may stop treatment at any time before or during any EMDR session and that more than one EMDR session is usually necessary in the treatment.

Date _____

Signature of Client _____

Parent/Guardian Signature if Client is under age of 18 _____